

# NEBRASKA VR

## REQUEST FOR TEMPORARY ACCESS

User's Preferred Name: \_\_\_\_\_  
(First name) (Last name)

Type of employment:

- ☐ OJE
- ☐ OJT
- ☐ SOS

Office: \_\_\_\_\_

Role: \_\_\_\_\_

Phone (if applicable): \_\_\_\_\_

Computer to be used: \_\_\_\_\_

Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

Access Requested\*:

- ☐ Email/Calendar
- ☐ Instant Message
- ☐ QE2 (Client access to their own case will be blocked)

\*CIO may take up to a week to set up the necessary accounts.

Office Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Directors/Supervisors email this completed request form to Mark Schultz for his approval. Mark will forward to HR/IT staff when approved.**